



National Maternal, Neonatal and Child health Strategic frame work & Programme

**Pakistan Maternal Neonatal
and Child Health (MNCH)
Strategic framework 2005**

Goal

- ▶ To improve maternal and neonatal health status, particularly among the poor and the marginalized, by creating an enabling environment for effective service delivery at all levels of healthcare delivery system.

Objective

- ▶ To improve the accessibility of high quality and effective MNH services for all, particularly the poor and the disadvantaged, through development and implementation of sustainable MCH program at all levels of health care delivery system

Expected outputs

- ▶ Improved Access to high quality MCH and FP services
- ▶ 10,000 community skilled birth attendants
- ▶ Provision of comprehensive EmONC services in 275 hospitals/ health facilities
- ▶ Provision of basic EmONC services in 550 health facilities
- ▶ Family planning services in all health outlets
- ▶ 15,000 health facility staff trained in IMNCI.

Expected outputs (cont...)

- ▶ Changes in behaviors of families on MCH issues
- ▶ Creating demand for MCH services especially for the poor.
- ▶ Innovate and test alternate management arrangements for strengthening Provincial and District MCH programs.
- ▶ Building strategic partnerships to enhance the role of NGOs and private sector.
- ▶ Evidence based Program management and capacity building.

CROSS CUTTING ISSUES

- ▶ Poverty alleviation
- ▶ Improving the nutrition status of women
- ▶ Inter-sectoral collaboration

MNCH PROGRAM

GOAL

- **To improve maternal, newborn and child health, particularly in marginalized and disadvantaged segments.**
- **To improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program at all levels of the health care delivery system.**

Health Indicators for Maternal Child Health Pakistan & Targets to be achieved by 2011- 2015

Sr.#	Name of Indicator	Present Status	2011 MNCH Target	2015 MDGs Target
1.	IMR	78/1000	55/1000	40/1000
2.	Child Mortality Rate under 5 years	94/1000	65/1000	45/1000
3.	Fully immunized Children 12-23 months	39.2%		90%
4.	Proportion of one year-old children immunized against measles.	50.3%	80%	90%
5.	LHW Coverage	60%		100%
6.	MMR	276/100,000	200/100,000	140/100,000
7.	Birth attendant by skilled birth attendant	38.8%	70%	90%
8.	Total Fertility Rate	4.1		2.1
9.	Proportion of Antenatal care	60.9%		100%
10.	Proportion of Postnatal care	26.6%		100%
11.	Contraceptive Prevalence Rate	29.6%		55%
12.	Malnourished Mother	65%		50%
13.	Neonatal mortality rate	48/1000		25/1000

OBJECTIVES

To reduce the less than 5 Mortality Rate to 65 per 1000 live births by the year 2011

Current Status: 96 / 1000 Live births

To reduce the infant Mortality Rate to less than 55 per 1000 live births by the year 2011

Current Status: 71 / 1000 Live births

To increase the proportion of deliveries attended by skilled birth attendants at home or in health facilities to 70% by the year 2011

Current Status: 37%

To reduce the Neonatal Mortality Rate to less than 40 per 1000 by the year 2011

Current Status: 52 / 1000 Live births

To reduce the Maternal Mortality Ratio to 200 per 100,000 live births by the year 2011

Current Status: 304/100,000 Live births

1960 Community Midwives have to be trained till 2012 (in three batches)

Main Components of Programme

- 1. Comprehensive and integrated MNCH services at district level**
- 2. Comprehensive family planning services at health facilities**
- 3. Community based skilled birth attendants**
- 4. Advocacy & Demand creation**
- 5. Management & Organizational reforms**
- 6. Monitoring & Evaluation Framework**
- 7. Strengthening of Nursing Examination Board**

Health Infrastructure in Pakistan (Public Sector)

Structurally strong but functionally weak

University Referral Hospital

District General Hospital

Taluka / Tehsil Hospitals

Taluka / Tehsil Hospitals

Rural Health Centres (552)



Basic Health Units (5290)

(1 for 5,000 – 10,000 population)

MCH Centres (946)

Dispensaries (4635)

Current healthcare delivery system

Pakistan has

Hospitals	916
Rural Health Centers	552
Basic Health units	5,301
Dispensaries in the public sectors	4582
Specialist doctors	17,200
General physicians	113,206
Nurses	48,446
Lady Health Visitors	6,741
Lady Health Workers	85,000

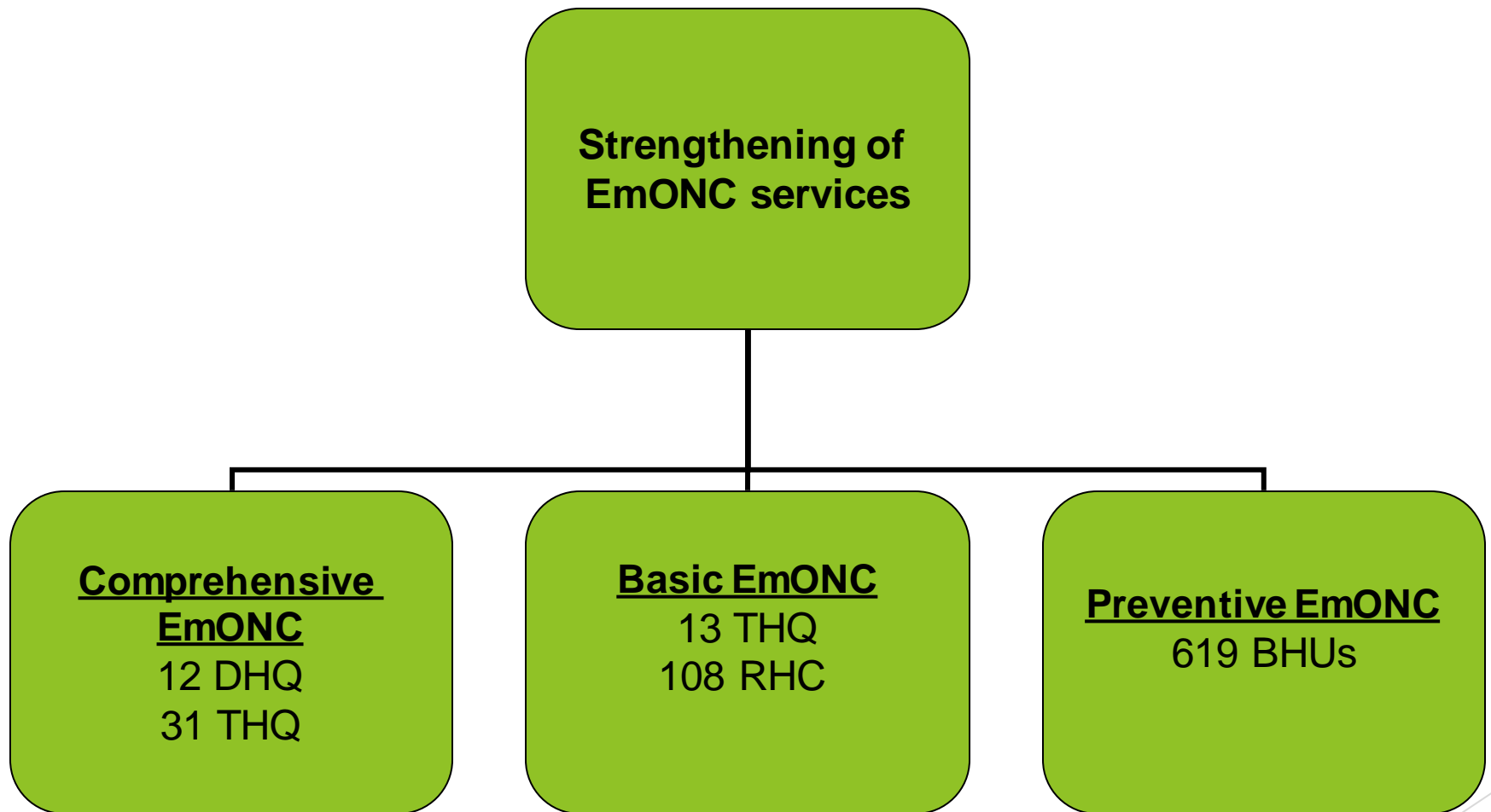
- ▶ 1 Dr. for 1480 persons
- ▶ 1 Nurse for 3500 persons
- ▶ 1 Hospital Bed for 1495

INITIATIVES AT EACH LEVEL OF CARE

- ▶ Home/community
- ▶ Primary Health Facility (BHU)
- ▶ Mid level Health Facility (RHC)
- ▶ Secondary level Facility (Taluka/District Hospital)

EACH LEVEL LINKED WITH OTHER LEVELS ACCESIBLE TO WOMEN AND NEW BORN

Comprehensive and integrated MNCH services at the district level



Component 1: Comprehensive and integrated MNCH services at the district level

OBJECTIVES

- ▶ Provision of 24/7 **Comprehensive** EmONC in All DHQ and Selected THQ
- ▶ Provision of 24/7 **Basic** EmONC in All RHCs and Selected THQ
- ▶ Provision of **First Aid** and Routine Curative Obstetric, Newborn and Child Care Services at all BHU
- ▶ Establishment of **Well Baby Clinics** in all health facilities.
- ▶ Provision of Resuscitation and Immediate Newborn Care Protocols in all Labour Rooms of Sindh.
- ▶ Developing Functional **Linkages** with National Programme for FP & PHC.
- ▶ Developing Functional **Linkages** with **Nutrition** Programme.

ACHIEVEMENTS

- ▶ Identification of Existing Comprehensive and Basic EmONC centers.
- ▶ Situation analysis of New EmONC Centers is in progress.
- ▶ Procurement of medicines
- ▶ Recruitment of 108 WMOs and 108 LHVs for RHCs in Sindh is in Final Stage to establish Basic EmONC services

Component 1: Comprehensive and integrated MNCH services at the district level

OBJECTIVES

- **Trainings Health Care Providers at all levels of the District Health System:**
 - **2184** in the Integrated Management of Newborn and Childhood Illnesses (IMNCI).
 - **540** health Care Providers in Essential New born Care.
 - **2736** Health Care Providers in EmONC.
 - **2184** health care Providers in IMPAC
- **Developing Functional linkages**
- **Community maternal and child survival interventions.**
- **improve referral through development of linkages between communities, LHWs, Primary Health care facilities**
- **Mobilize communities for community Transportation systems, Revolving funds for emergency transportation.**

ACHIEVEMENTS

- ▶ **06** Regional Training Centers Established for IMNCI Trainings
- ▶ **06** Regional Training Centers Established for EmONC Trainings
- ▶ **423** Health care Providers trained in IMNCI.
- ▶ **954** Female Health care Providers Trained in EmONC
- ▶ **05** Provincial Master Trainers trained in ENC training at Islamabad.
- ▶ Vice Chancellors of Medical Universities approached for rotation of PG Students in the Districts.

WELL BABY CLINICS

Well baby clinics will have minimally the following services available in one Room / Section

- EPI Plus Services
- CDD / ARI control activities
- Nutrition Counseling
- Breast Feeding Counseling and support
- Malaria Control Activities
- Growth Monitoring and Counseling
- De-worming (Provision of anti-helminthes)
- Food Items through world food Programme (if available)

Component 2: Community based skilled birth attendants

OBJECTIVES

- ▶ To strengthen the existing Community Midwifery and LHV Training Schools.
- ▶ To improve the quality of community midwifery training in the country through implementation of a standardized curriculum approved by the Pakistan Nursing Council, Training and deployment of specific midwifery tutors and provision of standard training aids.
- ▶ To Train a core group of Master Trainers at the National Level for the training of Community Midwifery Tutors.

ACHIEVEMENTS

- ▶ Renovation of 01 Public Health Schools is near to completion (Hyderabad) Renovation of 05 Midwifery schools in Progress.
- ▶ Construction of 10 Midwifery Schools are in Progress.
- ▶ Provision of 08 Vehicles to Midwifery schools.
- ▶ 80 Existing Midwifery Tutors trained in new curriculum of CMWs provided by PNC. (34 by MNCH and 46 by PAIMAN)

Component 2: Community based skilled birth attendants (contd.)

OBJECTIVES

- ▶ To Train midwifery tutors on the new curriculum
- ▶ To recruit train and Deploy 1960 Community midwives
- ▶ To promote birth preparedness activities through counseling.
- ▶ To strengthen the registration and accreditation system of the Pakistan Nursing Council through supporting additional staff
- ▶ Development of Computerized database of midwives at Provincial MNCH Directorates.

ACHIEVEMENTS

- ▶ First batch of 350 CMWs are under training in various Midwifery Schools Of Sindh.
- ▶ 57 CMWs have passed out and waiting for deployment. (Funded by PAIMAN)
- ▶ Second batch of 527 CMWs are recently selected.
- ▶ Strengthening of Community Midwifery Schools with human Resource is in progress.

Component 3: Provision of Comprehensive Family Planning Services at all Health Outlets

WHAT IS COMPREHENSIVE FAMILY PLANNING ?

- ▶ Mandatory Provision of Family Planning service delivery outlets of Health Ministry/Departments and Lady health workers Programme.
- ▶ Ensuring
 - ▶ all health facilities are providing maximum range of family planning services.
 - ▶ All Logistics and Training Needs would be met from the programme in close collaboration with the Ministry of Population welfare.

Component 3: Provision of Comprehensive Family Planning Services at All Health Outlets

OBJECTIVES

- ▶ To reduce total Fertility Rate (TFR) to replacement level fertility by 2015 (from 5.4 in 1990 to 2.1 by 2015)
- ▶ Decrease unmet need for Family Planning by one third by 2015 (from 33% in 1990 to 22% or less by 2015).
- ▶ Increase contraceptive Prevalence Rate (CPR) to 55% by 2015 (from 34% in 1990 to 55% in 2015)

ACHIEVEMENTS

- ▶ Developed linkages with the Population Welfare Department

Component 3: Provision of Comprehensive Family Planning Services at all Health Outlets (contd.)

OBJECTIVES

- ▶ To train 2184 health care providers in FP Counseling
- ▶ To train 540 health care providers in surgical contraception
- ▶ Logistic Management trainings for contraceptives

ACHIEVEMENTS

- ▶ Training Activities to commence in 3rd Year of project

Component 4: Strategic Communication For Maternal, Neonatal and Child Health

OBJECTIVES

- ▶ Empower women to take necessary steps during their pregnancy, Delivery and post partum period.
- ▶ To motivate Husbands and other family members to take responsibility for the pregnant women
- ▶ Motivate community leaders to take responsibility for the improvement of MNCH Facilities in their area

ACHIEVEMENTS

- ▶ MNCH communication strategy developed
- ▶ Celebration of various days
- ▶ District seminars on MNCH

Component 4: Strategic Communication For Maternal, Neonatal and Child Health

OBJECTIVES

- ▶ Sensitize **religious leaders** to advocate for MNCH issues.
- ▶ Increase the Number of **Health service Providers** communicating to the families
- ▶ Improve the **Media** milieu for MNCH issues.
- ▶ Increase **policy and decision makers** support for MNCH.
- ▶ Help the policy makers in creating an environment that supports the survival and health of pregnant women, newborns and children.

ACHIEVEMENTS

- ▶ Children week celebrated in coordination with UNICEF.
- ▶ Dissemination of gender Discrimination Study regarding female health Care providers at Provincial and district Level in Coordination with UNICEF.
- ▶ Round Table Policy Dialogue conducted in coordination with UNFPA.
- ▶ Major Portion of component has been contracted Out to British Council.

Strategy: Advocacy seminars, Celebration of National days and IEC activities

Component 5: Strengthening Program Management

OBJECTIVES

- ▶ Establishment of MNCH cells at Provincial and district level
- ▶ Contract hiring of service providers
- ▶ Renovation and construction works
- ▶ Supplies
- ▶ Training of programme management:
 - ▶ 25 scholarships (5 / year) for MPH/Epidemiologist
 - ▶ 25 scholarships (5 / year) for B.Sc. Nursing
- ▶ Linkages with other programmes

ACHIEVEMENTS

- ▶ Provincial cell has been established, recruitment for district cell is in the pipeline
- ▶ Development of Norwegian Pakistan partnership Project for 10 Districts in Sindh
- ▶ Strengthening of Nursing Examination board and recruitment of Necessary Staff is in Progress.
- ▶ Applications for MPH and B.Sc./ M.Sc. Nursing are received and are in process.

Linkages with other Programs

- ▶ Linkages with
 - ▶ LHW Programme
 - ▶ EPI Plus
 - ▶ nutrition programme
 - ▶ Disease Specific Programmes

Component 6: Monitoring and Evaluation Mechanism

Programme will be in need of three types of Information

▶ **Administrative information**

- ▶ Staff / CMWs Recruited / Deployed,
- Health Facilities and Type of Service Being Provided
- Supply of Medicines / Logistics

▶ **Services Information**

▶ *Community Based*

- CMW / LHW Information (Antenatal, Postnatal, Referrals, Deliveries, FP Services)
- EPI information (Immunizations, Dropouts)

▶ *Facility Based*

- Outpatient (Antenatal, Postnatal, Referrals, Deliveries, FP Services, Child Morbidity, Well baby Clinics, Counseling etc.)
- Inpatient (Admissions for MCH, bed Utilization, complication of Pregnancy Procedures conducted, Caesareans, assisted Deliveries, Child Admissions, ICU Newborn and Child Utilization, Admissions etc)

Financial Information

- ▶ Budget release, allocation, Expenditure and Reconciliation by Hospital / District

Component 6: Monitoring and Evaluation Mechanism

05 databases will be maintained for the Programme

1. Health Facilities Providing comprehensive, Basic and Preventive EmONC Services, Certification Status and Service statistics.
2. Human Resource Trained for the Programme, including type and Number of Workshops, Facilitators and Participants
3. Community Midwives, training Schools, Location and DEC Certification, Service Statistics.
4. Inputs Database; tracking all inputs in the Programme, indicating government (Federal, Provincial and District Resources), Non Government Including Partners.
5. Financial Resource Database; Cash Plans, Funds allocated, Released, Expenditure by Districts.

Component 6: Monitoring and Evaluation Mechanism

OBJECTIVES

- ▶ Development of M&E framework
- ▶ Program Monitoring by provincial and district managers
- ▶ Program Automation
- ▶ Strengthening HMIS/DHIS

ACHIEVEMENTS

- ▶ M&E framework developed
- ▶ 5 Databases are under progress.
- ▶ Monitoring of CMWs schools is being conducted
- ▶ DHIS is in the process of implementation in 03 PAIMAN districts where after the same will be implemented in whole province.

Thanks